

## Warsaw Parks & Recreation Registration Form

Parent/Adult Name:	Daytime Phone: State: Zip:		
Address:	City:	State:Zi	p:
Alternate Phone:	Email:		
$\Box$ Please send occasional emails about upcoming WPRD programs/events.			
If Pagistaring Vaux Child			
If Registering Your Child			
Child's Name	Date Of Rirth:		Δσρ.
Child's Name:Address:Sex: Male/Female (Circle) Allergies:	City:	State: 7i	_ ~gc
Sex: Male/Female (Circle) Allergies:	City	State2i	ρ
Special Needs/Medical Information:			
Emergency Contact Name/Phone Other Than Adult	Above:		
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2			
Program Name	Program Date(s)/Time/S	ession	Program Fee
		Tota	nl:
Refund Policy  All refunds are subject to the Warsaw Parks & Recreation Department ("process a refund. If a refund is approved, it may take up to 4-6 weeks to to the recipient at the address provided on the claim form. The City of WPRD reserves the right to cancel, combine, or divide programs; to chain its sole discretion. The WPRD will issue a full refund if the WPRD cance changes are made by WPRD, creating conflict for the registered particip the program. Refunds will not be issued for participant cancellations/w be considered on a case-by-case basis; additional documentation may be submission of the documentation requested by WPRD.  Waiver and Release of All Claims  Please read this form carefully and be aware in registering yourself, you injuries you or your minor child/ward might sustain arising out of this program, I recognize and acknowledge that there are certain risks of phywhich I or my minor child/ward may sustain as a result of participating is relinquish all claims I or my minor child/ward may have as a result of paemployees. I do hereby fully release and discharge the Warsaw Parks and claims from injuries, including death, damage or loss which I or my minor participation in the program. I further agree to indemnify and hold hard servants and employees from any and all claims resulting in injuries, inconnected with, or in any way associated with the activities of the programbulance or hospital personnel. I hereby consent to the use of my phopresentations, etc.	be processed. If approved, the refu- Warsaw can only issue a refund to the inge time, date, or location; and to movels a program prior to the start of the ant. A prorated refund will be issued ithdrawals at any time, failure to atter the required as evidence of such circural critical critical injury and I agree to assume the nany and all activities connected with the refunding in the program against the index of the critical critical injury and I agree to assume the nany and all activities connected with the refunding in the program against the index of the critical injury and I agree to assume the critical injury and I agree to assume the nany and all activities connected with the refunding in the program against the index of the critical injury in the program against the index of the critical injury in the program against the index of the critical injury in the program against the index of the critical injury in the program against the index of the critical injury in the program against the index of the critical injury in the program against the injury in the program against	and will be in the form of a check of the individual who made original particle any changes that may be necessate program, or if any of the aforement of the department cancels a program or "no shows". Emmstances and a refund will not be a many or the parent/guardian of a particle and its officer ficers, agents, servants and employ accrue to me or my minor child/vand Recreation Department and its stained by me or my minor child/valconsent to emergency medical calcalars.	only, and will be mailed yment, no exceptions. essary from time to time nentioned programming ram after the start of nergency situations will granted without  and releasing all claims for articipant in the granted death, damages or loss in. I agree to waive and its, agents, servants and yees from any and all ward on account of my its officers, agents, ward and arising out of, are provided by
I have read, fully understand, and agree to the above	ve Refund Policy and Waiv	er and Release of All Cla	aims.
Participant (if 18 years of age or older) or Parent/ Gu	uardian Signature	Date	<del></del>

Return Registration Form with payment in Cash or Check to:

City of Warsaw Parks & Recreation Department - Attn: Activities, 117 E. Canal St., Warsaw, IN 46580